Conditional Certification
Work Opportunity and
Welfare-to-Work Tax Credits

U.S. Department of Labor
Employment and Training Administration

OMB Approval No. 1205-0371

1. INITIATING AGENCY CODE (For Agency Use Only)	2. CONTROL NO. (For Agency Use Only)	3. TYPE OF CONDITIONAL CERT. ("✔" One) (For Summer Youth & Ex-Felon Grps. ONLY)
CODE: _____ _____ Participating Agency _____ SWA/DLA	CONTROL NO. _____ ____ Participating Agency ____ SWA/DLA	a. ☐ Original b. ☐ Revalidation

4. FOR EX-FELON TARGET GROUP ONLY. a. Conviction or Release Date: _____	b. Wages: _____ c. No. of Family members: _____ d. Correctionsl Institution ID No: _____	5. DATE COMPLETED (Mo., Day, Yr.)

6. State Workforce Agency's Name and Address	7. SIGNATURE (Authorized Official)	8. TELEPHONE NO.

PART 1. INTRODUCTION

9. NAME OF INDIVIDUAL (Last, First, Middle)	10. SOCIAL SECURITY NO.

11. ADDRESS (Number, Street, City, State, Zip Code)	12. TARGET GROUP CODE ("✔" One) ☐ Summer Youth (SY) Enter Code if not SY: _____	13. GROUP (WtWTC) ☐ Long-Term Family Assistance Recipient Enter Code: _____

14. APPLICANT'S SIGNATURE:

NOTE TO EMPLOYER:

14. The above named individual may be eligible for certification under the Work Opportunity and/or Welfare-to-Work Tax Credits as authorized under the IRS Code, Sec. 51 or 51A. **If the person is not employed before (Mo., Day, Yr.) this eligibility determination is subject to review.**

In the event you hire this person, you should request the certification necessary for you to claim a Work Opportunity and/or WtWTC. Simply, complete and sign the **Employer Declaration** below, mail to the **SWA or Designated Local Agency** together with the **PSN**, not later than the 21st. day <u>after</u> the applicant starts work, and the **Employer WOTC and/or WtWTC Certification Form** will be returned to you, if all statutory requirements have been met.

PART II. EMPLOYER DECLARATION

I, HEREBY, DECLARE that the above named person was or will be employed by:

16. NAME OF FIRM:	17. POSITION/JOB TITLE	18. EMPLOYMENT START DATE (Mo., Day, Yr.)	19. STARTING WAGE:
			$ per hour

20. EMPLOYER'S NAME AND SIGNATURE:	20. DATE:

Please send a WOTC ☐ ; WtWTC ☐ certification(s) for this employee. The certification is for the purpose of obtaining benefits of the WOTC, under Sec. 51 and/or the Welfare-to-Work Credit, under Sec. 51A of the Internal Revenue Service. Employers are advised, that such credit will cease immediately upon notification of any subsequent invalidation. Employers are further advised that if the certification herein requested is for a member of the SUMMER YOUTH target group, the tax credit for which he/she may be eligible is subject to the <u>limits</u> described at Sec. 51 (d)(7) of the IRS Code.

NOTE: Falsification of data on this form is a FEDERAL CRIME in violation of 18 USC 1001. Falsification of work or concealment of information is PUNISHABLE by a fine or imprisonment.

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CONDITIONAL CERTIFICATION (CC) FORM ETA 9062. When a SWA/DLA or Participating Agency (PA) determines that a job-ready applicant is, tentatively, **ELIGIBLE,** as a member of a target group, for the WOTC and/or WtWTC, it shall use this **required form, without modification,** to show that an eligibility determination was made for this person. **Note.** The CC serves as **an official record** of the pre-certification, alerts prospective employers to the availability of the tax credits if this person is hired, and provides a means for employers to request a WOTC/WtWTC Certification for this person.

INSTRUCTIONS FOR COMPLETING THE "Conditional Certification" FORM. (Boxes 1 - 15 are for participating agency and SWA/DLA use only)

Box 1: **Initiating Agency Code.** If the CC was issued by the participating agency (PA), enter its code. SWAs/DLAss assign codes to designate each PA to indicate the **initiating source** for the eligibility determination process. If the eligibility determination was performed by the SWA/DLA, enter the SWA/DLA code, if available. Indicate with a check mark '✔" if **initiating agency** is a Participating Agency or SWA/DLA.

Box 2: **Control Number.** Usually the PA determines the control number (CN). However, SWAs/DLAs may -for internal control purposes- develop their own CN system. It may be a Social Security No., case no., or some other appropriate designation, which permits easy filing, certificatio and retrieval of forms. Enter corresponding CN and indicate with a check mark '✔" whether the source is a PA or a SWA/DLA.

Box 3: **Type of Conditional Certification.** This system distinguishes between **"Original,"** if the individual is being processed for the first time, or **"Revalidation,"** if the eligibility process was performed within the previous 12-month period, (e.g., 45 days for the Ex-Felon and Summer Youth target groups only). Otherwise, the Conditional Certification is counted as "Original." Indicate with a check mark ✔" whether eligibility determination is "Original" or "Revalidation."

Box 4: **For Ex-Felon Target Group Only.** For items a through d, enter the corresponding information. This information will help you in conducting the economically disadvantaged eligibility determination.

Box 5: **Date Completed.** Enter the month, day, year in which the eligibility determination was completed.

Box 6: **SWA/DLA Name and Address.** (if known, enter or stamp the name and address, including zip code of the SWA/DLA responsible for processing Certifications' requests for the employer indicated in Box 16. Leave blank if SWA/DLA's name and address is unknown.

Box 7: **Signature.** Enter signature of the authorized conditionally-certifying official.

Box 8: **Telephone No.** Enter corresponding SWA/DLA or partcipating agency area code, telephone number and extension, if available.

Part I.   INTRODUCTION:

Box 9: **Name of Individual.** Enter the individual's/applicant's full name (i.e., last name, first name and middle initial).

Box 10: **Social Security Number.** Enter the individual's/applicant's social security number.

Box 11: **Address/Telephone No.** Enter the individual's/applicant's home address, including apartment number and zip code. After address enter individual's/applicant's telephone number, including area code.

Box 12: **Target Group Code.** Enter a check mark "✔" to indicate if "Summer Youth" or "Other", and enter code for specific WOTC target group if different from Summer Youth, based on client's information and documentation provided.

Box 13: **Group Code.** Enter a check mark "✔" to indicate if "Long-Term Family Assistance Recipient", and enter code for specific WtWTC group based on client's information and documentation provided.

Box 14: **Signature.** Get individual's/applicant's signature. If a minor, parent or guardian must sign here.

Box 15. CC Validity Period (This box is to be completed by the SWA/DLA or Participating Agency only). Enter the month, day, year when the CC expires (e.g., 45 days for Ex-Felons and Summer Youth).

Part II.   EMPLOYER DECLARATION:

Box 16: **Name of Firm.** Enter full name of the employing firm (the firm where the employee will actually work).

Box 17: **Position/Job Title.** Enter the position or job title in which the employee will be performing.

Box 18: Employment Start Date: Enter the date on which the employee has begun or will begin work for the employing firm.

Box 19: Starting Wage: Enter the wage or salary which the employee will be paid. If not known, enter an estimated wage to be paid.

Box 20: Employer's Name and Signature. Enter employer's corresponding signature here.

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